

Primary Care Practice State-Regulated Payor Electronic Health Record Adoption Incentive Payment Request

Payment Request Instructions

Please **read all information** regarding the State-Regulated Payor Electronic Health Record (EHR) Incentive Program, including eligibility and other program requirements on the below website before completing this payment request form. A *State-Regulated Payor EHR Adoption Incentive Application* must be completed and submitted prior to requesting a payment from the payor. The application is available at the following website:

<http://mhcc.dhmd.maryland.gov/hit/ehr/Pages/stateincentive/stateehrincentive.aspx>.

This *Primary Care Practice State-Regulated EHR Adoption Incentive Payment Request* is comprised of four parts. Part I captures specific primary care practice information and must be completed for each payment request submission. Part II is used to calculate the base incentive. This is only completed one time for each payor. Part III captures eligible additional incentive information. Part IV is a signed attestation to confirm the information contained in the payment request is correct and must be completed for each payment request submission.

NOTE: You are required to answer all questions, unless noted. Select attachments are required. Incomplete payment request forms will be returned to the primary care practice.

PART I – Practice Specific Information

1. Name of **Payor** to which this payment request is being submitted (*select only one*):

Aetna, Inc

Coventry Health Care

CareFirst BlueCross Blue Shield

Kaiser Permanente

CIGNA Health Care Mid-Atlantic Region

United Healthcare, Mid-Atlantic Region

Note: You must complete and submit a separate payment request form to each payor in which you seek payment.

2. **Attach a copy of the EHR incentive application acknowledgement letter from the payor. All attachments should include your practice name and tax ID#.**

3. Primary Care Practice Name:

Street:

Street 2 (*if applicable*):

City:

State:

Zip:

Area Code/Telephone:

Primary Care Practice Tax Identification #:

Organizational national provider identification #:

4. Identify the **person to contact** for information concerning this payment request:

Name:

Title:

E-mail Address:

Area Code/Telephone:

PART II – Base Incentive Distribution and Calculation – Completed one time

1. Number of patients assigned by this payor¹ to the practice at the time of this payment request: _____ patients

*If no patients are assigned by this payor, include the total number of patients actively enrolled with the payor who have been treated by the practice within the previous 24 months from the date of this payment request: _____ patients

2. Incentives will be in paid in cash unless the primary care practice and payor have agreed upon a payment incentive of equivalent value. If the primary care practice and payor have agreed upon a payment of equivalent value, please indicate

¹ The payor to which this application will be submitted.

the incentive type and the percentage the primary care practice agreed to receive from the payor. *Example: 40% in increased reimbursement for specific services and 60% in Gain-sharing arrangement.* (Check all that apply):

Incentive Type	%
Increased reimbursement for specific services	
Gain-sharing arrangement	
Rewards for quality and efficiency	
In-kind payment	
Other (specify)	

(Percentages chosen above must equal 100) **Total**

3. **Attach a list of the payor patients to include in the base incentive calculation. Include first and last name, patient identification number and date of birth. All attachments should include your practice name and tax ID#.** This information will be used to calculate the *Base Incentive*. A payor may exclude plan participants from the incentive calculation for a practice that was previously included in another practice's incentive calculation.

Questions 3 and 4 below are optional and will not be used in determining your incentive amount.

4. At the time of your payment request, do most of the professionals in the practice qualify for the Medicare EHR Incentive Program² under the *American Recovery and Reinvestment Act of 2009*?

Yes No

5. At the time of your payment request, do most of the professionals in the practice qualify for the Medicaid EHR Incentive Program under the *American Recovery and Reinvestment Act of 2009*?

Yes No

PART III – Additional Incentive Information

The below questions will be used to determine if the practice qualifies for an *Additional Incentive*. This part of the request can be submitted with the base incentive payment request or as a subsequent EHR adoption incentive payment request up until December 31, 2014. If the practice chooses to submit for the *Additional Incentive* at a later date, Parts I, III, and IV must be included in the payment request. The primary care practice can qualify for an additional incentive amount if it achieves one of the following components in the immediate 90 days prior to this payment request. The primary care practice does not have to respond to each component question to be eligible for an additional incentive, but must respond to at least one to be considered for the additional incentive.

Component 1: A contract between the primary care practice and a Management Service Organization (MSO) for EHR adoption or implementation services

1. Has the practice contracted with an MSO³ for EHR adoption or implementation services?

Yes – proceed to Question 1.a. No – proceed to Component 2

Attach a copy of the MSO's state designation certificate or candidacy letter. All attachments should include your practice name and tax ID#.

1.a. Date the practice began contracting with the State Designated MSO: Month Year

1.b. Optional - Estimated State Designated MSO monthly subscription fee: \$

Component 2: A demonstration by the primary care practice of advanced use of an EHR system

2. Indicate the advanced EHR functionality in use by your practice during the immediate 90 days prior to submitting this payment request.

If not using these advanced functionalities of an EHR, proceed to Component 3

² For more information about the Medicare and Medicaid EHR Incentive Program, please visit: <https://www.cms.gov/ehrincentiveprograms/>.

³ An organization that has received recognition by the Maryland Health Care Commission (MHCC) as a State Designated MSO or an entity that is in Candidacy status for State Designation. For a listing of MSOs please visit: http://mhcc.dhmdh.maryland.gov/hit/mso/Pages/mso_main.aspx

EHR Functionality	Date of first use (MM/DD/YY)
Clinical Decision Support	
Computerized Provider Order Entry	
Capturing and querying information relevant to health care quality	
Exchanging electronic health information with and integrating the information from other sources within the EHR	
Other: <i>(specify)</i>	
Other: <i>(specify)</i>	
Other: <i>(specify)</i>	
Other: <i>(specify)</i>	

Component 3: The participation by the primary care practice in a payor's quality improvement outcomes initiative and its achievement of the established performance goals

3. Are you currently participating in a Quality Improvement Outcomes program(s) with this payor and has your practice achieved established performance goals?

Yes – *see comment below*

No

Attach documentation that supports your answer. All attachments should include your practice name and tax ID#.

PART IV – Attestation

I hereby certify that I am an authorized agent of the reporting primary care practice and verify that the information submitted in this EHR Adoption Incentive Payment Request Form, is true and accurate, to the best of my knowledge, information, and belief.

Name and Title of Authorized Primary Care Practice Representative

Signature of Authorized Primary Care Practice Representative

Date

Entering an electronic signature or typing a name in the signature box above is the equivalent of a physical signature.

THANK YOU FOR COMPLETING THE PAYMENT REQUEST

Before You Send the Payment Request

Be sure this application is complete by using this check list.

- Did you complete all questions in Part I, unless otherwise noted? *(needed for each payment request submission)*
- Did you complete all questions in Part II? *(needed when requesting the base incentive)*
- Did you indicate the appropriate components for additional incentives in Part III? *(needed when requesting additional incentives)*
- Did you complete and sign the ATTESTATION by an authorized primary care practice representative? *(needed for each payment request submission)*
- Did you attach a copy of EHR incentive application acknowledgement letter from the payor? *(All attachments should include your practice name and tax ID#).*
- Did you attach a list of patients on the practice's panel, including first and last name, member identification number, and date of birth? If no patients are assigned by this payor, did you attach a list of actively enrolled patients treated by the practice within the previous 24 months from the date of this payment request? *(All attachments should include your practice name and tax ID#).*
- If you answered yes to Component 1 under Part III, did you attach a copy of the MSO's state designation certificate or candidacy letter? *(All attachments should include your practice name and tax ID#).*
- If you answered yes to Component 2 under Part III, did you include which functions you were using and the date(s) implemented?
- If you answered yes to Component 3 under Part III, did you attach documentation of achievement of the payor's quality improvement outcomes initiative and the established performance goals? *(All attachments should include your practice name and tax ID#).*

Return Completed Application

Please return completed payment request to the appropriate payor using the information provided below. The following address and contact information was provided by each payor. **Questions regarding your payment request should be directed to the payor using the contact information listed below.**

Aetna, Inc.

Maryland EHR Incentives
509 Progress Drive
Suite 118
Linthicum, MD 21090
Fax: (860) 975-9223
MarylandEHRIncentives@aetna.com

CareFirst BlueCross BlueShield

External Mandates, Mailstop: 01-310
10455 Mill Run Circle
Owings Mills, MD 21117
C/O EHR Incentive Coordinator
Fax: (410) 505-2445
EHRIncentiveCoordinator@carefirst.com

CIGNA Health Care Mid-Atlantic Region

Contracting, Electronic Health Records
Fax: (888) 208-7173

Coventry Health Care

Attn: Provider Relations Department - Dolores Shores
750 Prides Crossing, Suite 300
Newark, DE 19713
Phone: (800) 727-9951 ext. 2031145
Fax: (866) 602-1246
dtshores@cvtv.com

Kaiser Permanente

Provider Contracting and Network Management
2101 E. Jefferson St.
Rockville, MD 20852
Phone: (301) 816-6564
Fax: (301) 388-1700
Provider.Relations@kp.org

United Healthcare, MidAtlantic Reion

Attention: MD EHR – Lisa Kahl
800 King Farm Blvd, Suite 600
Rockville, MD 20850
Fax: (855) 740-9924
md_ehr_incentive@uhc.com

What to Expect Next

The payor will review the payment request and may request additional information from the primary care practice to validate an EHR adoption incentive claim. After review, the payor will process and pay in full the adoption incentive within 90 days of receiving an EHR adoption incentive payment request. A payor will notify the primary care practice in writing concerning the amount of the EHR adoption incentive requested, how the payer will distribute the EHR adoption incentive to the primary care practice, and the time period over which it will be distributed.

Please note that a practice that has received a payor EHR adoption incentive before October 1, 2011 is only eligible to receive the difference between the payor's prior incentive and the maximum value of the EHR adoption incentive under this program.

Questions regarding your payment request should be directed to the payor.

Definitions

Additional Incentive - an adoption incentive not to exceed \$7,500 or an incentive of equivalent value above the base incentive awarded on a one-time basis to a primary care practice that meets additional criteria in the use and adoption of electronic health records including: a) Contracts with a management service organization for electronic health record adoption or implementation services; b) Demonstrate advanced use of electronic health records; c) Participates in the payor's quality improvement outcomes initiative, and achieves the performance goals established by the payor.

Base Incentive - an adoption incentive not to exceed \$7,500 or an incentive of equivalent value awarded on a one-time basis to a primary care practice that is based on a per patient amount applied to the total number of the payor's member patients who are treated by the primary care practice.

Electronic health record (EHR) – an electronic health record system certified by an Authorized Testing and Certification Body designated by the Office of the national Coordinator for Health Information Technology and contains health-related information on an individual that includes patient demographic and clinical health information; and 1) has the capacity to: provide clinical decision support; support physician order entry; capture and query information relevant to health care quality; and 2) exchange electronic health information with and integrate the information from other sources.

EHR adoption incentive – a cash payment or a payment incentive of equivalent value agreed upon by the primary care practice and payor that an eligible primary care practice can receive from a payor to assist the primary care practice in adopting and implementing an electronic health record.

EHR incentive application letter – a letter sent by the payor to the primary care practice accepting the primary care practice's EHR adoption incentive application.

Incentive of equivalent value – refers to any of the following: specific services; gain-sharing arrangements; reward for quality and efficiency; in-kind payment; or other items or services that can be assigned a specific monetary value.

Management service organization (MSO) - an organization that offers one or more hosted electronic health record solutions and other management services to health care providers and: a) has received recognition by the Maryland Health Care Commission as a State Designated MSO; or b) Has applied with the Maryland Health Care Commission for recognition as a State Designated MSO and has been granted Candidacy status.

Payor – a state-regulated carrier that issues or delivers health benefit plans in the State and includes: Aetna, Inc; CareFirst BlueCross Blue Shield; CIGNA HealthCare Mid-Atlantic; Coventry Health Care; Kaiser Foundation Health Plan of the Mid-Atlantic; United Healthcare, Mid-Atlantic Region; and The Maryland State employee and retiree health and welfare benefits program.

Practice panel - the patients assigned by a payor to a provider within a primary care practice, or when a payor does not assign patients to a provider within a primary care practice, the patients actively enrolled with that payor who have been treated by the primary care practice within the past 24 months.

Primary care practice – a medical practice located in the State of Maryland that is comprised of one or more physicians who provide medical care in family, general, geriatric, internal medicine, pediatric, or gynecologic practice.

Quality improvement outcomes program – a program comprised of various nationally endorsed quality improvement indicators which, for the purpose of this incentive program, including indicators regarding the basic adoption and the advanced use of the EHR.